

Subsidy Application
Voucher Program

Information Provided On This Form Is Strictly Confidential

Section 1: General Information**1.a. Applicant Information**

Last Name _____ First Name _____ M.I. _____

Mailing Address (Street or PO Box) _____

City _____ State _____ Zip Code _____

Home Telephone _____ Work Telephone _____

Mobile _____

Social Security # _____ E-mail address _____

1.b. Do you live and work in the State of Maine? ☐ Yes ☐ No**1.c.** Name of Employer _____

Phone # _____

1.d. Were you covered by a health insurance plan in the past 90 days or more prior to applying for the Voucher Program? ☐ Yes ☐ No**1.e.** If you are applying to cover dependents, did they have health insurance in the past 90 days or more prior to applying for the Voucher Program?Spouse/Domestic Partner: ☐ Yes ☐ No Dependent Child(ren): ☐ Yes ☐ No

1.f. Household Members and Relationship. Household equals the applicant plus all dependents. Dependent means an applicant's spouse or domestic partner, an unmarried child less than 23 years of age who qualifies as a dependent for tax purposes, or a person of any age who is the child of a plan enrollee and is disabled and dependent upon that plan enrollee. Child means a natural child, stepchild, adopted child, or child placed for adoption with a plan enrollee.

Last Name	First Name	Relationship to You	Date of Birth

Section 2: Income Information

Household Wages. Include a copy of your most recent Federal 1040 tax return. If it does not represent your present income, include the following with the 1040 tax form:

- a signed letter explaining the changes
- copies of two pay stubs
- other proof of income

What is Counted	Annual Amount	Where to find it on your most recent Federal 1040 tax return
2a. Applicant gross wages, tips, and salaries (before any deductions)	\$	Use Form 1040 Line 7 "Wages, salaries, tips, etc." or wages as reported on a W-2. Do not use Line 37, "Adjusted Gross Income"
2b. Spouse or Domestic Partner gross wages, tips, and salaries (before any deductions)	\$	
2c. Net self-employment income (gross receipts minus allowable business expenses)	\$	Form 1040 Line 12 "Business income or (loss)" or Quarterly Estimates of Earnings
Annual Other Income		
2d. Interest and investment income (savings accounts, dividends from stocks, bonds, trusts, mutual funds)	\$	Form 1040 Line 8a and Line 9a, or annual interest income statements
2e. Alimony received	\$	Form 1040 Line 11 or copy of divorce settlement orders
2f. IRA distributions	\$	Form 1040 Line 15a or Line 15b if 15a is blank
2g. Pensions, annuities, 401(k)	\$	Form 1040 Line 16a or Line 16b if 16a is blank. Award letters or statements from payers
2h. Net rental income (gross rents minus allowable expenses), royalties, trusts, etc.	\$	Form 1040 Line 17
2i. Farm income or loss	\$	Form 1040 Line 18
2j. Unemployment compensation	\$	Form 1040 Line 19 or award letters
2k. Social Security and Railroad Retirement	\$	Form 1040, Line 20a or award letters
2l. Gross child support received	\$	Use support orders
2m. Income Subtotal (Total of lines 2a through 2l)	\$	
2n. Allowable Childcare expenses/ deductions	\$	\$200 per child per month is allowed if under age 2, \$175 per child per month is allowed if age 2 or older. The caregiver must be a person outside the household for childcare expenses to be allowed
2o. Child support paid out (only allowed for children that will not be covered by the applicant's policy)	\$	Use support orders or checks
2p. Deductions Subtotal (Total of lines 2n and 2o)	\$	
2q. Income Total (Line 2m minus line 2p)	\$	DHA Eligibility Representatives will make the final decision on the subsidy group

(Note: Workers' Compensation and Veterans Affairs disability payments are not counted as income)

Section 3: Asset Information – is required in order to be considered for the Voucher Program

List any assets owned by you and your spouse or domestic partner. Include assets owned jointly with another person.

3a. Cashable Assets: This includes savings and checking accounts. Use the checking account balance left after monthly expenses. Certificates of Deposit (CDs), credit union shares, stocks, bonds, annuities, mutual funds, or profit sharing plans.	Do Not Include: Retirement and educational savings accounts, amounts already included as wages or income on Form 1040, Workers' Compensation payments, Veterans Affairs Disability payments.
Type of Asset	Value or Balance

3b. Vehicles: Include recreational vehicles such as boats, motorcycles, snowmobiles, ATVs. (Estimated value = "Blue Book" value minus the amount you may owe).			Do Not Include: Primary vehicle and secondary vehicle if used as transportation for essential daily activities.	
Year	Make/Model	Blue Book Value	Amount Owed	Estimated Value

3c. Real Estate: List any other property you own (for example, a second home, camp, land not attached to your primary home). Use property tax bill for estimated value.	Do Not Include: Your primary home and surrounding land where you reside, income producing property (rentals, fishing boats, commercial trucks, machinery, livestock).
Type of Real Estate	Estimated Value

3d. Lump Sum Payments: (for example gifts, inheritances, lottery winnings, any insurance settlements not included in 3a above).	Do Not Include: Amounts already included in checking and savings accounts listed in 3a above.
Type of Payment	Value

3e. Mark here if you have no countable assets ☐

Section 4: Signature of Applicant

All statements and answers I have given are true and complete. The Dirigo Health Agency may check information submitted on this form. I understand it is a crime to knowingly provide false, incomplete or misleading information on this form and that I could be charged with perjury. I agree that I must notify the Dirigo Health Agency immediately of any changes to my health coverage including any addition or termination of dependent coverage or of termination/cancellation of my coverage.

Signature

Date